

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/585851

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		/				
5	/					
6	/					
7	/					
8		/				
9		/				
10		/				
11		/				
12		/				
13		/				
14		/				
15		/				
16		/				
17	/					
18		/				
19		/				
20		/				
21	/					
22	/					
23	/					
24		/				
25		/				
26		/				
27		/				
28		/				
29		/				
30		/				
31		/				
32		/				
33		/				
34		/				
35		/				
36		/				
37		/				
38		/				
39		/				
40		/				
41		/				
42		/				
43		/				
44		/				
45		/				
46		/				
47		/				
48		/				
49		/				
50		/				
TOTAL IND.	8	↓		↓		↓
TOTAL DEP.	34	←		←		←
TOTAL CLAIMS	42					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				/		
52				/		
53				/		
54				/		
55			/			
56			/	/		
57			/	/		
58			/	/		
59			/	/		
60			/	/		
61			/	/		
62			/	/		
63			/	/		
64			/	/		
65			/	/		
66			/	/		
67			/	/		
68			/	/		
69			/	/		
70			/	/		
71			/	/		
72			/	/		
73			/	/		
74			/	/		
75			/	/		
76			/	/		
77			/	/		
78			/	/		
79			/	/		
80			/	/		
81			/	/		
82			/	/		
83			/	/		
84			/	/		
85			/	/		
86			/	/		
87			/	/		
88			/	/		
89			/	/		
90			/	/		
91			/	/		
92			/	/		
93			/	/		
94			/	/		
95			/	/		
96			/	/		
97			/	/		
98			/	/		
99			/	/		
100			/	/		
TOTAL IND.		↓	8	↓		↓
TOTAL DEP.		←	33	←		←
TOTAL CLAIMS			41			